

Sperryville Volunteer Rescue Squad, Inc.
Serving Rappahannock County & Surrounding Communities Since 1969
PO Box 178
Sperryville, VA 22740
540-987-8085



Dear Applicant,

Thank you for your interest in volunteering with the Sperryville Volunteer Rescue Squad (SVRS)! Volunteering with SVRS is a terrific way to serve our community and help neighbors in their time of need. We provide high quality emergency medical services. To do so, we depend on EMTs, drivers and a wide variety of support personnel – all fellow volunteers.

Attached you will find our Application for membership—Please complete and return

All applicants, per state regulation, are required to be fingerprinted for a background check. We will send you information on where to go to be fingerprinted. You must also provide us with driver's license information, which is collected on the application. All applicants are subject to an initial driver's license check; we can process Virginia licenses directly but for out-of-state licenses you will need to get us a transcript. In addition, to be eligible to drive any SVRS vehicle you must authorize us to check your driving record at least annually and report any violations to us immediately.

Your completed application will be reviewed by the SVRS Board of Directors for approval and then forwarded for consideration by the Membership. Your application will be announced at the next Membership meeting and will then "lay on the table" for 30 days and be voted on at the subsequent Membership meeting. You need to be present for at least one of these meetings. If voted in as a member, you will be on probationary status for six months.

We look forward to having you as a member of our SVRS team. If you have any questions, please reach out (info@sperryvillerescue.org or 540-987-8085).

Sincerely,

A blue ink signature of Todd Summers, consisting of a stylized first name and a long horizontal line extending to the right.

Todd Summers, Chief

A blue ink signature of Peter Hall, featuring a large, looped initial 'P' followed by the name 'Peter Hall' in a cursive script.

Peter Hall, President



APPLICATION FOR MEMBERSHIP

Name _____

Physical Address _____

Mailing Address (If Different) _____

Home Phone _____ Cell _____ DOB _____

Email Address _____

Driver's License # _____ State Issuing _____ # of Years Licensed _____

Contact in case of emergency _____

Home Phone _____ Work _____

Employer and Address _____

Relevant Training/Skills/Experience (EMT, CPR, Financial, Administrative, etc.):

Please provide three references including address and phone number. At least two should be unrelated, preferably including a supervisor of your paid or volunteer work

1. _____

2. _____

3. _____

SVRS does not discriminate against any person on the grounds of race, religion, national origin, creed, gender, or sexual orientation in its treatment of patients or in internal operations.

APPLICATION FOR MEMBERSHIP

(Continued)

Biography

Please provide a brief biography that we can share with our Board and members as they consider your application.

Membership Type

Please read the following choices and indicate the one you for which you wish to apply. (Categories are subject to change.)

Active members must be eighteen (18) years of age and are defined as running or support. All active members are expected to attend meetings and assist in SVRS activities such as running calls, administrative support, fund raising, or maintenance of equipment and buildings. An active member must agree to abide by SVRS rules and regulations. To keep active member status, a member must participate in sufficient activities to earn 25 points per year in accordance with the County Incentive point system.

_____ A **running member** holds a current EMT certification and/or emergency vehicle operator certification, or states intent to acquire such certification. A running member agrees to respond to emergency calls, and must meet all requirements of the current laws, rules, and regulations of the Commonwealth of Virginia governing Emergency Medical Services. Response to emergency calls is under the direction of the Chief.

_____ A **support member** assists in SVRS activities not requiring certification. Support members may vote and hold administrative and/or Board of Director positions but not operational offices.

_____ **Associates:** Any person who is a member in good standing at another EMS agency who wishes to run calls with SVRS (aside from usual mutual support) may be considered an associate and run calls with SVRS at the discretion of the Chief. Associates will not have voting privileges.

_____ **Junior Members:** Any person age 14 through 17 who meets other requirements for active membership and presents written consent from his/her parent or guardian, may be admitted as a junior member. A junior member may participate in all functions of SVRS, subject to restrictions in its Standard Operating Procedures, but will not have voting privileges. Upon turning 18, junior

APPLICATION FOR MEMBERSHIP

(Continued)

members shall provide SVRS with a completed finger print form. Junior members in good standing will not need to complete a probationary period to become an active member.

Do you have any special needs, disabilities or medical history of which SVRS should be aware?

Please list: _____

Please list any and all criminal convictions: _____

Certification

I certify that the information provided for this application is correct. I agree to abide by the bylaws, standard operating procedures and regulations of the Sperryville Volunteer Rescue Squad. I give my permission for SVRS to verify any and all information provided and to contact all references, to obtain an official driving record, and if you are a driver to subscribe to regular updates of your driving record.

Please submit this application along with a copy of your current driver's license and certifications, if relevant.

Applicants are required to meet with the Board of Directors and attend either the Membership Meeting at which their application is submitted or at which they are considered for approval by the Membership.

Applicant's signature _____ Date: _____

If you are under 18 years of age, your parent or guardian must sign this application to give permission for you to join SVRS.

Parent or Guardian

Signature: _____ Date: _____